

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020837

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

4995

318

1003

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Louis

Length of stay in 1b

37 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

D.O.A. Homer Phillips Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4235 Shreve Ave

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CALIP

PEAK

4. DATE OF DEATH

Month

Day

Year

May

13

1962

5. SEX

Male

6. COLOR OR RACE

Col

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-23-05

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

Hours

Min.

2

20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

10b. KIND OF BUSINESS OR INDUSTRY

Metumpkia

Ala

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Frank Peak

13b. MOTHER'S MAIDEN NAME

Unk

14. NAME OF HUSBAND OR WIFE

Mildred Peak

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mildred Peak 4235 Shreve Ave

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion;
Coronary Sclerosis.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

420.1

INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHow
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her
him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree of Legality)

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

5/14/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

5-17-1962

23c. NAME OF CEMETERY OR CREMATORY

Greenwood

23d. LOCATION (City, town, or county)

St. Louis

Co

Mo

24. FUNERAL DIRECTOR

ADDRESS

JAS H. RANDLE & SON 3133 Bell Ave

25. DATE RECD. BY LOCAL REG.

MAY 16 1962

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

USE BLACK INK

OR

TYPEWRITER-RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

1

2

3

4

5

6

7

8

9

10

11

12

13

92-3

91

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Jefferson M. McVicker

Licensed Embalmer No. 5072

P. O. Address 4535 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.